

ARREST REPORT

A G E N C Y	Agency Name				ORI		Date/Time Arrested		OCA				
	<input type="checkbox"/> Taken <input type="checkbox"/> Prints <input type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract		Residence Tract		Arrest Number				
A R R E S T E E	Name (Last, First, Middle)				D.O.B.		Age	Race	Sex	Place of Birth		Country of Citizenship	
	Current Address				Phone		Occupation		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Unknown <input type="checkbox"/> Non-Resident				
	Employer's Name				Address				Phone				
	Also Known As (Alias Names)				Hgt	Wgt	Hair	Eyes	Skin Tone	Consumed Drug/Alcohol			
										<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
	Scars, Marks, Tattoos				Social Security #		OLN and State		Misc. # and Type				
A R R E S T	Nearest Relative Name				Address				Phone				
	If Armed, Type of Weapon				<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input type="checkbox"/> Warrant				Place of Arrest				
	Charge #1		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date				
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date				
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #	Warr. Date				
V E H I C L E	VYR	Make	Model	Style	Color	Plate #/State		VIN					
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ 3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____												
C O N F I N D	Date/Time Confined		Place Confined				Committing Magistrate						
	Type Bond		Bond Amount		Trial Date		Court Of		City				
	<input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other												
S T A T U S	Assisting Officer Name/ID #				Released By (Name/Department/ID #)				Date/Time Released				
	Status Codes: L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found												
D R U G S	DCI	Status	Quantity	Type Measure	Suspected Type			Check up to 3 types of activity for each					
								Possess	Buy	Sale	Mfg	Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone:				
	NARRATIVE												
S T A T U S	Arresting Officer Signature/ID #				Date/Time Submitted				Supervisor Signature				
	Case Status:		Case Disposition:		Arrestee Signature								
<input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		<input type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation											